

THE TRAUMA Scorecard

A Publication to Support Passage of South Carolina's Trauma Legislation

ISSUE TWO

January 7, 2004

Trauma coalition urges lawmakers to "Save the System" as 2004 legislative session kicks off January 13

For the last six months, South Carolina's State House has been peacefully quiet. All that is about to change when lawmakers return to Columbia on January 13. The Save the System trauma coalition plans to be right there with them, urging lawmakers to pass legislation designed to establish a formal infrastructure and permanent funding for South Carolina's struggling trauma system.

S.C. Department of Health and Environmental Control (DHEC) Commissioner Earl Hunter calls trauma a "serious public health issue." It is the leading cause of death for South Carolinians between the ages of one and 44.

"Each year South Carolina's trauma system treats some 12,000 critically injured patients and helps these people return to normal, healthy lives," Hunter says. "Without a trauma system that is prepared to respond immediately to serious motor vehicle crashes and injuries, more lives will be lost in South Carolina. We simply must convince our lawmakers to pass this important piece of legislation that will help save the trauma system so that it can continue to save lives in our state everyday."

The system is breaking down

During the past two years, South Carolina's once robust trauma system has begun to break down, a development

that could have deadly consequences for citizens of our state. Two hospitals have dropped out of the system, leaving the Georgetown and Aiken communities without a trauma center. Other hospitals are looking hard at leaving the trauma system, too.

Mounting financial losses and staffing are serious concerns. In 2001, the state's level I and II trauma centers lost \$18.3 million on unreimbursed care. The state used to have 12 trauma surgeons. Today there are just eight and these physicians are stretched to the breaking point. Efforts to recruit more have failed.



Trauma is the leading cause of death for South Carolinians aged 1-44.

Seeking swift passage of the bill

The trauma coalition has launched an intense public information and lobbying campaign to encourage swift passage of the bill. The campaign is being conducted in local communities led by hospitals and their trauma and public relations staffs

along with EMS, and on a state level by DHEC and the South Carolina Hospital Association (SCHA).

The trauma legislation has passionate sponsors in the State House, Representative Denny Neilson (D-Darlington) and Senator Harvey S. Peeler, Jr. (R-Cherokee), both of whom are trauma survivors.

Bill is a "must have" for all South Carolinians

DHEC's Wanda Crotwell, Assistant to the Commissioner for External Affairs, calls the trauma bill a "must have" for all South Carolinians and its passage will be a win for all legislators regardless of their political party.

"We're very excited about the opportunity to work with members of the General Assembly and Governor Mark Sanford to address an issue that is critical to the health and safety of all South Carolinians. We think we've got a strong piece of legislation that will be good for everyone involved in maintaining the system as well as those people who will need the services of the trauma system in years to come," Crotwell says.

"Our lawmakers can take this legislation home to their constituents knowing they will save lives by saving the trauma system. I can think of no better gift to South Carolina," she concluded.

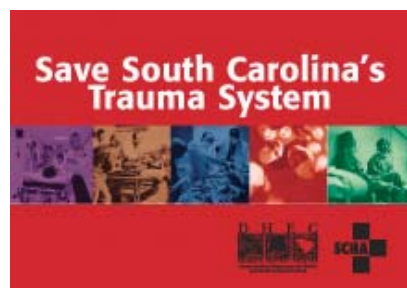
Would you like to get involved in saving South Carolina's trauma system? Contact DHEC's Phyllis Beasley 803/545-4333 or beaslepa@dhec.sc.gov or Melanie Lux 803/376-1603 or melanielux@sc.rr.com.

Trauma bill needs grassroots support to succeed

Getting the trauma bill passed will be a challenge. This is an election year and lawmakers are faced with tough decisions on the state's budget. To make sure this bill isn't

overlooked, South Carolinians must contact their legislators now and tell them how important this issue is.

The coalition needs your help in getting communities involved. Give talks at local churches, civic groups and schools. Collect names and send them



If you need Save the System trauma postcards to hand out at speaking engagements or have names to add to the database, contact SCHA's Ree Mallison at 803/796.3080 or rmallison@scha.org.

to SCHA for inclusion in the trauma database, which includes a free e-mail subscription to the Scorecard newsletter. Forward this issue of Scorecard to everyone you know. The more people we have on board, the better our chances of getting this bill passed.

Special thanks to **McLeod Regional Medical Center**, a level II trauma center in Florence for presenting the issue to the hospital's trauma committee and medical staff.

Save the System trauma tees for sale

Show your support for South Carolina's trauma system with a bright red, long-sleeved tee shirt with Save the System logo on the front and back. Available in adult sizes M, L, XL and XXL for \$15 plus \$3 shipping. To order, contact Ree Mallison at SCHA, 803/796.3080 or rmallison@scha.org.

Trauma bill needs sponsors and needs them now



The opening of the 2004 legislative session is just days away and it's time to rally support for the trauma bill (**Senate bill S.713, House bill H.4262**). Check this list to see if your representatives are in favor of this issue. If you don't see his or her name, contact them now and tell them to save South Carolina's trauma system by voting "yes." Find the phone numbers you need at either www.myscgov.com or www.lpittr.state.sc.us.

HOUSE

Denny Neilson,
D-Chesterfield/Darlington
John Graham Altman, III,
R-Charleston
Michael A. Anthony,
D-Spartanburg/Union
George Hampton Bailey,
D-Dorchester
Jimmy C. Bales, *D-Richland*
Liston D. Barfield, *R-Horry*
James A. Battle, Jr., *D-Marion*
Lester P. Branham, Jr.,
D-Florence
Joe E. Brown, *D-Richland*
Gilda Cobb-Hunter,
D-Orangeburg
William Clyburn,
D-Aiken/Edgefield
Eldridge R. Emory,
D-Lancaster/York
Mary Beth Freeman,
D-Chesterfield
C. Alexander Harvin, III,
D-Clarendon/Willimasburg
Jackie E. Hayes, *D-Dillon/Horry*
Jesse E. Hines,
D-Darlington/Florence
Mack T. Hines,
D-Florence/Marion

SENATE

Lonnie Hosey,
D-Allendale/Barnwell
Thomas G. Keegan, *R-Horry*
Kenneth Kennedy,
D-Williamsburg
Robert W. Leach, Sr., *R-Greenville*
Becky R. Martin,
D-Anderson/Oconee
Thomas N. Rhoad,
D-Bamberg/Bamwell/Orangeburg
Rebecca Richardson, *R-York*
R. Thayer Rivers, Jr.,
D-Hampton/Jasper
J. Todd Rutherford, *D-Richland*
Wallace B. Scarborough,
R-Charleston
J. Gary Simrill, *R-York*
James E. Smith, Jr.,
D-Richland
J. Roland Smith, *R-Aiken*
John J. Snow,
D-Georgetown/Williamsburg
Michael D. Thompson,
R-Anderson
Annette D. Young,
R-Charleston/Dorchester
Sen. Harvey Peeler,
R-Cherokee

A Father's Story of Tragedy and Triumph

How South Carolina's trauma system saved my son

by Tom Mosca, Sr.

EDITOR'S NOTE: The reason we must have a fully functioning and funded trauma system lies in the following story. The simple truth is that trauma is random. It can happen any time, anywhere. It strikes our children, parents, husbands, wives, friends and co-workers when we least expect it. South Carolina must be prepared to save lives and restore those we love to good health.

Last April as my wife Lorraine and I were waiting for our son Tommy to come home from work, a parent's worst nightmare came true. There was a loud knock at the door. I opened it and found two S.C. state troopers standing in the rain.

"Are you the father of Thomas Mosca, Jr.?" they asked.
"Yes," I responded in bewilderment.

"Does he drive a gray and black GMC?" When I nodded, the troopers explained Tommy had been in a bad accident and was being transported to Spartanburg Regional Medical Center's level I trauma center. I asked about Tommy's condition, but the trooper could not comment and told us to get to the trauma center as soon as possible. We didn't need any more explanation than that.

It was the type of accident that could happen to anyone. My son had fallen asleep at the wheel, driven off the road, and hit a tree a mile away from our house in Columbus, North Carolina. As we approached the scene of the crash, the lights of the fire engines and police cars were blinding. We could see Tommy's truck wrapped around a tree with the roof cut off. A feeling of terror overcame us.

If it wasn't for the response of the EMS team and the Spartanburg Regional Medical Center trauma team, Tommy would not be with us. The will of Tommy, the grace of God and the work of the trauma team pulled off a miracle."

- Tom Mosca, Sr.

When we arrived at Spartanburg Regional, trauma center officials took us to a private room. A chaplain came to comfort us. A physician from the trauma team came in and said that Tommy was alive, but had multiple injuries. His left leg was broken, his pelvis was broken in half, his left arm and both shoulders were broken. He had three skull fractures and four fractures around the left eye. A CAT scan showed a severe brain injury.

After speaking with three physicians and reading between the lines, I learned that Tommy was not expected to survive, but they were doing everything they could. Seven hours after the accident, I was finally able to see Tommy. He did not look like my son, but he was alive.

I was amazed at the capabilities of the trauma center and impressed with the professionalism and caring of the trauma nurses. They were very good at helping us through the shock and explaining complex things in a way that we could understand. Every day, the nurses would share improvements, which kept our hopes up.

Two weeks passed quickly. Tommy's condition stabilized, but the trauma center did not have the capabilities to perform a pelvis reconstruction operation. He needed to go to Carolinas Medical Center in Charlotte for surgery. The trauma team did



Tom Mosca, Jr. was saved by South Carolina's trauma system.

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not think he would survive an ambulance trip or a helicopter ride, so Tommy was transported by ICU jet to Charlotte for the nine-hour operation. At last Tommy was on the mend.

Seven months after the accident and after intense physical rehabilitation, Tommy is now jogging around the block. His short and long term memory have come back perfectly and he is taking a college course on the Internet. This Thanksgiving we gave thanks to the people and organizations that gave us our son back.

I continue to be amazed by the incredible response and sound judgement of South Carolina's trauma system. There is a very good hospital in Columbus, North Carolina, but the EMS team knew they had to get Tommy to a trauma center for him to survive. Having a level one trauma center in Spartanburg saved his life.

If you are keeping score, count this as a "save" thanks to South Carolina's trauma system and the Spartanburg Regional trauma center.

They said it:

"This is a public health crisis that is affecting people from all walks of life. The care provided at our state's trauma centers can mean the difference between life and death, or the difference between recovery or permanent injury. Ensuring that South Carolina has a fully functioning trauma system is not just a goal, it's our responsibility."

- Earl Hunter, Commissioner
SC Department of Health and Environmental Control

Why South Carolina's trauma system is in serious trouble

Most South Carolinians take the trauma system for granted, thinking it is just like police and fire service. It will always be there, right?

The answer to that is "no." South Carolina's trauma system is voluntary in that hospitals, physicians and other health-care professionals choose to participate. And it's increasingly difficult to be part of the trauma system. Here's why:

No way to pay the bill. Increasing numbers of South Carolinians have no health insurance and have no way to pay for their trauma care. The national average for uninsured trauma patients is 18%, but in South Carolina this number is 23%.

Hospitals are losing millions. Hospitals make a huge financial commitment to their communities to operate a trauma center. They treat trauma patients regardless of their ability to pay. In 2001, the state's Level I and II trauma centers lost \$18.3 million on unreimbursed care. If the

losses continue, some hospitals will be forced to drop out of the system because they simply cannot absorb the cost of care.

Deteriorating physician support. Physicians also make a huge commitment to deliver trauma care. Trauma patients are the most complicated patients a doctor treats. Often doctors are not adequately paid for their services. The threat of malpractice is making many doctors think twice about participating in the system. The long hours cut into family time. As a result, hospitals are having difficulty finding physicians to staff trauma centers.

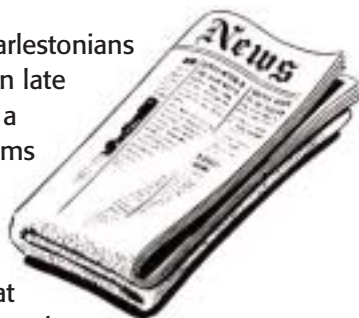
Limited access to rehabilitation. The state's Medicaid system does not fund services at non-hospital rehabilitation centers. Patients are required to stay in the hospital for rehabilitation, a costly and wasteful practice, when they could go to a cheaper and effective rehabilitation center. As a result, patients often do not get the rehabilitation services they need.

Fortunately, these problems can be fixed. Passing the trauma legislation is an important first step in finding a solution that saves the trauma system.

TRAUMA IN THE NEWS

The *Charleston Post & Courier* gets on board with trauma issue

The *Post & Courier* has put Charlestonians on the alert for trauma news. In late December, the newspaper ran a story that explained the problems facing the trauma system and called attention to the pending trauma legislation. Stories like this are exactly what is needed to educate the public and get the trauma bill passed.



The *Augusta Chronicle* criticizes Aiken Regional for dropping out of trauma system

Last summer financial pressures caused Aiken Regional Medical Center to drop out of the trauma system. Trauma patients must now be transported more than an hour to Palmetto Richland in Columbia for Level I trauma care or to Augusta, Georgia. The *Augusta Chronicle* newspaper has taken the hospital to task for dropping its trauma designation.

Orangeburg Times & Democrat runs feature story of local trauma center

The *Times & Democrat* recently carried an in-depth article on the Level III trauma center at The Regional Medical Center (TRMC) of Orangeburg and Calhoun Counties. The article explained the difference between an ER and a trauma center as well as the stringent process TRMC went through to become a trauma center. The article did a great job informing the public of the valuable service the hospital provides on a voluntary basis.

American College of Surgeons promotes South Carolina's trauma issue

The American College of Surgeons, a national physician organization, was so impressed by what South Carolina is doing to get trauma legislation passed that it sent the *Scorecard* newsletter to its 20,000 surgeon members across the United States. Trauma care is a national issue and South Carolina hopes to set an example of what can be done to save much-needed trauma services.



Calendar

January 13	2004 Legislative Session begins
January 12-19	Editorial roundtables held with SC newspapers
January 19	Trauma PSAs begin running on TV and radio
January/February	Appearance on radio talk shows

Send us your trauma news

Scorecard needs your trauma news. If you have a save you would like to share, given a talk or hosted a visit for your elected officials, we'd like to hear about it. Your news will then appear in Scorecard to motivate others. Contact Melanie Lux 803/376-1603 or melanielux@sc.rr.com.

Want to Track the Trauma Bill on Your Own?

Visit scstatehouse.net and click on *Legislative Resources*. Fill in your information and the bills **713,4262**. Don't forget the comma! Then click on *Bill Tracking - legislative report*.

This will send reports straight to you.

For information on how you can help save South Carolina's trauma system, contact DHEC EMS Division at 803.545.4204 or SCHA at 803.796.3080.

Scorecard is sponsored by DHEC and the South Carolina Hospital Association and is written and produced by Lux + Associates, Columbia, SC.

